

ERPS INCIDENT NOTIFICATION REPORT

Regional Case Number: _____

Reported (mm/dd/yy): <u>7/23/98</u>	Time (hh/mm): _____	Multiple Report: <input type="checkbox"/>
Recorded By: <u>A Mayall</u>	Multiple Regional Case Number: _____	
Through NRC: <input type="checkbox"/>	NRC Case Number: <u>NONE</u>	SSI Report: <input type="checkbox"/>

171565

REPORTER	Confidentiality Requested: <input type="checkbox"/>	Reported By: _____
* Privacy Act	Organization Name: _____	

Organization: (check one) ☐ Discharger ☐ Public ☐ State ☐ Local ☐ Federal ☐ Unknown

* Address: _____ Phone: _____ ext. _____

City: _____ County: _____ State: _____ Zip: _____

B. Discharger Same As A. ☐ Organization: (check one) ☐ Private Co. ☒ Public ☐ State ☐ Federal ☐ Unknown

Discharger Name: Larry Green - SR Phone: () ext. _____

Contact Name: _____ 2nd Phone: () ext. _____

Address: _____ Facility ID Number: _____

City: _____ County: _____ State: _____ Zip: _____

C. Incident Same As A. ☐ Street or Approx. Location: 55th + Hayes (Corner)

Location Same As B. ☒ 547 55th St

City: Washington County: _____ State: DC Zip: _____ Milepost: _____

D. Date Discovery Date (mm/dd/yy): _____ Spill Date (mm/dd/yy): _____ Spill Time (hh/mm): _____

E. Material Material Type: (check one) ☐ Unknown ☒ Oil ☐ Haz Sub ☐ Other

Material Name	CHRIS	CAS No.	UN DOT No.	Quantity	Units (Circle One)	Quant. In Water
1. <u>Kerosene oil / petroleum</u>					lb bbl drn unk gal ton oth	
2. <u>Tires</u>					lb bbl drn unk gal ton oth	
3. <u>Flammable</u>					lb bbl drn unk gal ton oth	

Source Source of Spill: ☐ Highway ☐ Railway ☐ Pipeline ☐ JST ☒ Fixed Facility ☐ Other
(Check Any) ☐ Air Transport ☐ Vessel ☐ Offshore ☐ AST ☐ Unknown

Vehicle ID or Carrier No.: _____ Number of Tanks: _____ Tank Capacity: _____ Tank Units: (circle one) lb bbl drn unk
gal ton oth

Source Description: _____

G. Medium Medium Affected: (Check Any) ☐ None ☒ Land ☐ Groundwater ☐ Other
☐ Air ☐ Water ☐ Within Facility ☐ Unknown

Waterway Affected: _____

H. Cause Reported Cause: ☐ Transportation Accident ☐ Operational Error ☒ Dumping ☐ Other
(Check Any) ☐ Equipment Failure ☐ Natural Phenomenon ☐ Unknown

Cause Description: _____

I. Damage No. of Injuries: _____ ☐ None No. of Deaths: _____ ☐ None Property Damage > \$50,000: ☐

J. Actions Evacuation: ☐ Response Actions Taken: _____

K. Notified Caller Has Notified: (Check Any) ☐ State/Local ☐ Discharger ☐ USCG ☐ Other ☐ Unknown

Agency Name: _____

L. Comments Comments: former Chop Shop operated by father & 2 sons. Elderly lady owns property & holding note on car. Defaulted & owes \$100,000 Additional Information: (See Reverse Side)

M. Response Response Comments: _____
And _____
Evaluation _____

Agency Name: (Check One) ☐ Local ☐ State ☐ Discharger ☐ Federal ☐ EPA ☐ Other ☐ Unknown

Agency Name: (Check One) ☐ Local ☐ State ☐ Discharger ☐ Federal ☐ EPA ☐ Other ☐ Unknown

Agency Name: (Check One) ☐ Local ☐ State ☐ Discharger ☐ Federal ☐ EPA ☐ Other ☐ Unknown

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Unknown

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